



**EPA NEW ENGLAND
REAL ESTATE NOTIFICATION AND DISCLOSURE RULE
TIP/COMPLAINT FORM**

(Please print using ink)

Date: _____

Time: _____

Status of Person Initiating Tip/Complaint:

___ **Purchaser** (Buyer)

___ **Tenant** (Lessee)

___ **Other** (Describe: _____)

Did sale or rental involve a Seller's Agent or Lessor's Agent? (Y/N)

(If Agent involved, also include Agent's name, address & phone # under Agent/Broker below.)

Complainant's Name & Address

Phone#: () _____

Alleged Violator's Name & Address

Phone#: () _____

Address of Sale or Rental Property

Phone#: () _____

Name & Address of Agent/Broker

Phone#: () _____

Age of Property or Year Built (if known): _____

Ages of Children Residing in the Apartment/House: _____

Are there known elevated blood levels at this address? (Y/N/Unknown)

Alleged Violation: _____

(over ->)

Sales Transaction

Date Purchase and Sale Agreement Obligated Purchase of Property? _____

Rental Transaction

Is the lease agreement written or unwritten? (circle one)

Date of Initial Lease: _____

How long has the Complainant resided at the unit? _____

How many units are in the Complainant's building? _____

Number of pre-1978 residential units owned/managed by the Lessor/Agent: _____

General Questions

Type of Housing (circle one, if applicable): **Private** **Military** **HUD-Assisted** **Federal**

Did complainant receive any information about lead-based paint/lead-based paint hazards?
(Y/N/Unknown)

Did complainant receive an EPA-approved lead hazard information pamphlet?
(Y/N/Unknown)

Agency Information

(Please complete & attach any applicable supporting documents)

1. Has your organization conducted any inspections at the property confirming the presence of lead-based paint and/or lead-based paint hazards? (Y/N)
2. Has your organization issued an orders(s) to reduce lead hazards at this property? (Y/N) If so, when was it issued? _____
3. Has your organization received any tips and complaints in the past regarding this Seller/Lessor/Agent? (Y/N)
4. Have there been any other reported elevated blood levels at this property or other properties owned/managed by the Seller/Lessor/Agent? (Y/N)

Fax or Mail to:

Molly Magoon, U.S. EPA NEW ENGLAND
One Congress St., Suite 1100 (SEP), Boston, MA 02114
Fax # (617) 918-0848 Voice# (617) 918-1848

For EPA Use Only

Date received: _____ **Action:** _____ **EPA rep.** _____